



County of Santa Clara Emergency Medical Services System

Policy #915:
Public Access Defibrillation (PAD) AED
Use Notification

PUBLIC ACCESS DEFIBRILLATION (PAD)

AED USE NOTIFICATION

Directions:

- Please use one form for each AED usage
- Submit to the Santa Clara County EMS Agency within 96 hours of AED use

AED Program Name: _____

Location Information:

Date: _____ Time of Incident _____

Street Address: _____

Patient's Name (if known): _____

Patient's Estimated Age: _____ Patient's Sex: _____

CPR Information:

Was CPR performed? : Yes No

Type of CPR performed: Compressions Only Compressions and Ventilations

Type of ventilations performed: Mouth to Mouth Mouth to Mask BVM

Name of person(s) providing CPR: _____

Did the AED instruct you to defibrillate (shock) the patient? : Yes No

What was the total number of defibrillations (shocks) delivered? : _____

Timeline:

Witnessed cardiac arrest	Time: _____
Start of CPR	Time: _____
Call to 9-1-1 made	Time: _____
First Defibrillation given	Time: _____
9-1-1 Arrival to scene	Time: _____

PAD Program Coordinator

Signature: _____ Date: _____